PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notificati	ons.		y specifying a new control	-			
CURRENT CORRESPONDE	NCE ADDRESS (Note: Use file	ook I for any change of address)	15240	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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NXP, B.V.			1 he	Certificate of Mailing or Transmission 1 hereby certify that this Fee(s) Transmittal is being deposited with the United			
	TUAL PROPERT	Y & LICENSING	Stat add	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below:			
M/S41-SJ 1109 MCKAY D			tran	transmitted to the USPTO (5/1) 2/3-2885, on the date indicated below: (Depositor's sum)			
SAN JOSE, CA 95131					(Signature)		
			 	***************************************		(Date)	
APPEICATION NO. BILING DATE			FIRST NAMED INVENTOR	RST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.			
L	05/04/2906		Steven T. Peake		GB03 0199 US1	1832	
10/578,286 05/04/2006 TITLE OF INVENTION: INSULATED GATE FIELD EFFECT TRANSI			000 0129 051 1002				
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APPLIN, TYPE	SMALL ENTITY	issue per due	PUBLICATION FEE DUE	PREV. PAID ISSUE I	FEE TOTAL FEE(S) DUE	DATEDUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/18/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
GREEN, TELLY D		2822	257-340000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
"Fee Address" indication (or "Fee Address" Indication form PTO/8B/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
EINDHOVEN, NETHERLANDS							
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🛜 Corporation or other private group entity 🛄 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Vissue Fee							
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Advance Order - 4	r of Copies		overpayment, to Dep	osit Account Number	504014 (enclose a	n extra copy of this form).	
5. Change in Entity Stat	tus (from status indicate i SMALL ENTITY stat		(Applicant is no los	nger claiming SMALI	, ENTITY status. See 37 Cl	FR 1.27(g)(2).	
			dinom anyone other than	the applicant; a regist	ered attorney or agent; or th	ie assignee or other party in	
interest as shown by the r	ecords of the United St.	ales Patent and Traceman	Quince.	1 1		·····	
Authorized Signature Date 1-19-2009							
Typed or printed name JUHACON KICAUSE FORSTORFF Registration No. 41, 127							
an application. Confident submitting the completer this form and/or suggesti Box 1450. Alexandria, V Alexandria, Virginia 223	tiality is governed by 32 I application form to the ons for reducing this builtrainia 22313-1450. Doi: 13-1450.	STEASC, 122 and 37 CFR e USPTO. Time will var- green, should be sent to if O NOT SEND FEES OR	1.14. This collection is ex y depending upon the indi in Chief Information Offic COMPLETED FORMS T	stimated to take 12 m vidual case. Any con eer, U.S. Patent and T O THIS ADDRESS.	wiites in complete, includin	I by the USPTO to process) ig gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, inumber.	